tion: Drs. Groner, McLean, H. B. Barnes, Gundrum, and Sheldon.

On motion, the Secretary was instructed to send a synopsis of the proceedings of the Society to the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, for publication.

Adjourned to meet at Big Rapids July 17, 1884.

CHARLES S. SHELDON, Secretary.

ROCKY MOUNTAIN MEDICAL ASSOCIATION.

The thirteenth annual meeting of the Rocky Mountain Medical Association was held in the parlor of the Ebbitt House, Washington, D. C., Wednesday evening, May 7th, 1884.

The president, Dr. J. F. Hibberd, of Richmond, Indiana, occupied the chair.

The following members were in attendance: Drs. N. S. Davis, Pollock, Toner, Bartlett, Sutton of Aurora, Sutton of Pittsburgh, Heighway, Long, Parsons, Harding, Hibberd, Mowry, Findley, Cutter, Strong, Holton and Morris. Honorary members: Mrs. Hibberd and Mrs. Morris.

The minutes of the meeting at Cleveland and the Memorial Record were read by the secretary. The only death reported during the year was that of Mrs. Catlin, an honorary member and widow of a former president of the association. The secretary stated that not a single death of an active member had occurred during the year. Of the original list of 123 members, eighty-one survive.

The annual address was then read by Dr. Hibberd the president. It was a valuable and interesting paper and was listened to with marked attention. As it embraced many reminiscenses and striking incidents of the ever memorable journey to San Francisco, a copy was requested for publication. On motion of Dr. Bartlett a vote of thanks was extended to Dr. Hibberd, and the secretary was authorized to have the address printed in pamphlet form for distribution among the members.

A feeling memorial tribute to the memory of Dr. John A. McFarland, prepared by Drs. J. U. Hirckerman, A. B. Hovey and H. B. Gibbon, a Committee of the Tiffin, Ohio, Medical Society, was read and ordered to be placed on the minutes.

Dr. George Sutton, of Aurora, Indiana, was elected president, and Dr. John Morris, of Baltimore, secretary and treasurer for the ensuing year.

The association then adjourned to meet in New Orleans the first Wednesday in May, 1885.

JOHN MORRIS, *Sec'y.*

PROCEEDINGS OF THE NEBRASKA STATE MEDICAL SOCIETY. Fifteenth Annual Session, May, 1883. Plattsmouth, Neb. ROBT. R. LIVINGSTON, Corresponding Secretary.

Contents as follows:

Address of the retiring President, A. H. Sowers, M.D.

1. Report of pistol wound of R. Lung, Diaphragm and Liver, J. Gahan, M.D.
2. Vaccination in America, Horace Chapin, M.D.
3. Cystoid Degeneration of the Kidneys, A. S. v. Mansfelde, M.D.
4. A case of Cystitis, W. O. Henry, M.D.
5. Therapeutic Addenda, A. S. v. Mansfelde, M.D.
6. A case of poisoning by Aconite, A. B. Anderson, M.D.
7. Proper procedure in cases of Obstruction to Labor at Superior Strait, Richard Moore, M.D.

STATE MEDICINE.

NEW ORLEANS QUARANTINE CONFERENCE.

In response to an invitation from Dr. Joseph Holt, President of the Board of Health of the State of Louisiana, a considerable number of representatives from the States of Tennessee, Texas, Louisiana, Mississippi, Alabama, and Florida, attended a Conference in New Orleans, June 2, 3 and 4, 1884.

From advance sheets of the Secretary's report we select the following items of interest:

The following report was made by the committee on the proposition of the necessity of prompt interchange between State and municipal boards of health of information on all subjects relating to public health:

Be it Resolved, That each and every health organization represented in this convention pledge itself to promptly furnish to each other all information in regard to the appearance of cholera or yellow fever or suspicious cases of yellow fever. We recommend that for the purpose indicated in the above resolution, the following groups of symptoms shall be considered to indicate yellow fever and suspicious cases:

I. The following groups of symptoms shall be considered to indicate yellow fever:

Group 1.—A person after a sudden attack has a fever of one paroxysm, attended with marked congestion of blood, stasis of capillaries of surface, conjunctivæ and gums, with a history of probable exposure to infection, and no history of a previous attack of yellow fever.

Group 2.—A person after a sudden attack has a fever of one paroxysm, followed by unusual prostration, albuminous urine, yellowness of conjunctivæ or skin, and having no positively authenticated history of previous attack of yellow fever.

Group 3.—A person has a fever of one paroxysm, albuminous urine, black vomit, suppression of urine, general hæmorrhagic tendency, under circumstances where exposure to the infection is a possibility.

II. *Suspicious cases of yellow fever.*—The following symptoms, associated with a fever of one paroxysm in a patient who has apparently been exposed to infection, and has never had yellow fever, shall be held to justify in either of the six following cases:

1. Suddenness of attack either with violent pain in the head and back, injected eyes and face, or with marked congestion of the superficial capillaries.
2. Want of correlation between pulse and temperature usual to other forms of fever.

3. Albuminous urine.
4. Black vomit.
5. General hæmorrhagic tendency.
6. Yellowness of the skin.

The following cases shall also be deemed suspicious:

7. Any case respecting which reputable and experienced physicians disagree as to whether the disease is or is not yellow fever.

8. Any case respecting which efforts are made to conceal its existence, full history and true nature.

In the event of death of a suspicious case, a post-mortem examination should be made, when practicable. Both before and after death, yellow fever is specially and preëminently characterized by the fact that it is *par excellence* a hæmorrhagic fever, marked by capillary congestion and its sequelæ, hence post-mortem evidence of a general hæmorrhagic tendency in internal organs, especially in the digestive, in preference to the urinary tract, shall be held to confirm the suspicion.

The above were adopted by the New Orleans Medical and Surgical Association and Louisiana State Medical Society.

Respectfully submitted,
GEO. A. KETCHUM, of Alabama,
L. F. SALOMON, of Louisiana,
Committee.

The report was adopted and endorsed as the sense of the Conference.

During the third day's session the Committee on Maritime Quarantine brought in the following report, which was adopted:

"Can an efficient Maritime Quarantine be enforced?"

We can enforce such a quarantine only by devising plans of action such as promise a reasonable, if not a positive assurance of success.

We will understand better the particulars of treatment when we have described the course of a sailing ship through quarantine, no record of sickness on the voyage, a cargo of 30,000 bags of coffee, yellow fever epidemic in Rio, from whence she was cleared. She is brought alongside the wharf at the upper Quarantine Station, where she finds every arrangement for the rapid discharging and reloading of cargo. The crew, with all their effects, are at once taken ashore, where, in a room provided, everything they carry, apparel and baggage, is subjected to powerful disinfection. Their clothing exchanged for other clothing already treated, and this, in turn, disinfected. They are then received at a commodious boarding-house, comfortably prepared for them, there to undergo the prescribed detention. If one should fall ill, he is instantly removed to the hospital, as distant as can be located. In the meantime a full corps of acclimated stevedores are busy engaged in breaking out the cargo and transferring it to the warehouse, already built by the United States Government for that accommodation, there to undergo fumigation. As soon as completely emptied, or at least sufficiently so to permit of thorough cleansing and fumigation, the quarantine tug, a compactly built small vessel, somewhat after the fashion of a fire tug for harbor protection, is run alongside the ship. A hose, attached to a powerful forcing pump aboard the tug, is let through the forward hatchway down into the hold.

In order to flush the bilge quickly, it might be necessary to take up the limber planks, as a better examination could be had and the real condition ascertained. But whether this is done or not, or the ship be in ballast or not, she can be speedily and thoroughly washed. The pump is started and the washing begins, while the ship's pumps are set to discharging the foul bilge-water. This continues until she is washed clean, not only in the timbers and floor of the hold, but the ceiling and every available part. She is now pumped out, the hose removed, and then begins the disinfection and fumigation. Another large hose attached to a powerful exhaust fan is lowered into the same position as the first. The hatches and every other outlet are closely battened, with the exception of a small ventillating hatchway, either at the bow or stern. A quantity of sulphur is put into the furnace connected with the fan and ignited. The exhaust fan is started and sulphurous acid gas in immense volumes and with tremendous force is driven into the timbers and air-strakes, into every crevice and part of that ship until she is completely filled.

In doing this we displace the mephitic and dangerous atmosphere closed in her when she started from Rio.

We have displaced this with not only a non-infected atmosphere, but with one intensely germicidal — one that destroys organic elements in the air, or on exposed surfaces with instant greediness. As for the fumigating agent to be selected, we may use through this apparatus sulphuric acid gas, chlorine, or the nitrous acid fumes, produced by pouring nitric acid upon copper filings. The fumes produced are so powerful that no animalculæ can exist in them for more than two seconds, and the portholes being closed for twelve hours, the process cannot fail to be effective.

After a few hours the hatches are removed and pure air is driven in to facilitate clearing the ship of the fumes. She is reloaded and, with her captain on board, in order not to vitiate the insurance, proceeds at once to the city, there to be discharged only by an acclimated gang. Her export freights must be ready. She is at once reloaded and starts on her voyage. If the term of detention of her crew has not already expired, she touches at Quarantine to take on such as have engaged to reship, and puts to sea, with no more detention than was required to cleanse her, with the utmost expedition, which alone was worth the trouble.

Such a method would soon be adopted at tropical ports, before loading, which would greatly lessen the danger and facilitate our work. To avoid complicating the legal point the Board of Health gives the ship the option of remaining at the station with the crew on board the full term of detention, or leave the crew there. Owners will rather leave the crew, and so contract with them, if necessary, as soon as it becomes known that the regulations of this port will

enable ships to lessen their detention. Under such a system days of detention will be reduced to hours, because ships cleansed, disinfected and fumigated in name would be so in fact. There could be no object in holding such a vessel in quarantine, except to serve as a hotel for the crew, which, under the improved system, would be provided on shore; but at present we all agree on a detention of not less than 10 days.

The above plan is submitted as the only one which, in the opinion of your committee, meets the requirements of a quarantine embodying the highest efficiency in the guarantees against importation of pestilence, while at the same time causing the least possible injury to commerce. The present methods of quarantine are, in the opinion of your committee, too vulnerable for criticism, while inflicting upon commerce the extremest hindrance and operating inconvenience to all. They are not reliable in any of the guarantees against the importation of infection.

We would urge upon the boards here represented the rigid execution of all the methods now in vogue to secure such safety as the present system may possibly afford, but that the boards of health in the several States of the Gulf immediately urge upon their several legislative bodies and upon their people the earliest adoption of an improved system of quarantine, in accordance with the foregoing plan.

As to non-intercourse, we can but express the opinion that such a system of rational, strictly scientific quarantine non-intercourse is never necessary to efficiency in a sanitary point of view, and can only be damaging to commercial interests and violative of every interest of humanity, recognizing the fact that the present system, as pursued at the Gulf ports, does not furnish a reasonable security at all times. Exigencies may arise demanding either absolute non-intercourse, or the nearest approximation that can be attained in the extended detention of 30 or 60 days, which is the equivalent.

GEO. A. KETCHUM, Alabama.
R. W. HARGIS, Florida.
A. P. CHAPLIN, Lower Mississippi.
C. D. RICE, Mississippi.
R. M. SWEARINGEN, Texas.
C. C. FITE, Tennessee.
JOS. HOLT, Louisiana.

The Committee on Interstate Quarantine reported the following:

Resolved, That there should be entire harmony and coöperation between the health authorities of the several States.

Resolvod, Every State should appoint inspectors on all passenger trains from infected places, and on all steamboats or other river craft on which it may be deemed advisable to have inspectors to see that the quarantine rules are enforced in good faith.

Resolved, Every State should have the right to place inspectors of its own at points within the jurisdiction of any other State, and upon railroad trains and river boats within the limits of such jurisdiction. Inspectors coming under this head should be allowed all reasonable facilities for obtaining information and for the transmission of the same; and should comply with the quarantine regulations of the State or locality in which they are acting.

On local or municipal quarantine yellow fever or cholera having been introduced into any community, particularly into any city or town, earnest efforts should be made to confine the disease within the smallest limits—that is to say, to prevent its dissemination through the community. To this end the infected house or locality should be rigorously isolated and disinfection should be employed according to the most approved methods.

JEROME COCHRAN, Alabama.
G. B. THORNTON, Tennessee.
W. E. ANDERSON, Florida.
R. M. SWEARINGEN, Texas.
J. M. TAYLOR, Mississippi.
L. F. SALOMON, Louisiana.

There was great unanimity of feeling displayed throughout the meeting, and, if the Boards intrusted stand together, much will be accomplished.

ILLINOIS STATE BOARD OF HEALTH,
OFFICE OF THE SECRETARY,
SPRINGFIELD, July, 1884.

DEAR SIR:—At the recent meeting of the State Board of Health, held in Springfield, July 2 and 3, 1884, the following resolution was adopted:

Resolved, That while epidemic cholera may be excluded from this country by thoroughly enforced quarantine regulations, yet the best attainable sanitary condition of every locality in the State should be secured, so that in the event of Asiatic cholera effecting an entrance, notwithstanding quarantine, the disease may be met and fought under the most favorable circumstances; and the Secretary is, therefore, hereby authorized to take such action as, in his judgment, will most promptly obtain a thorough sanitary organization of the State, and the adoption and enforcement of the measures necessary to improve its general sanitary condition.

It is entirely possible that we may escape a visitation of Asiatic cholera this year, although there is yet plenty of time for the disease to reach our shores before cold weather. But even if there were no danger from this source, it should be remembered that everything which is done in the direction of sanitary improvement benefits the general health, reduces the amount of sickness, and lessens the death-rate. An obvious duty, therefore, rests at all times, but more urgently at present, upon those charged with the administration of public-health affairs, to take such steps as may be necessary to remedy any defects in the existing sanitary status.

To this end a general inspection of the entire territory under your jurisdiction should be made forthwith; and all nuisances, or other conditions injurious to the public health, which may be disclosed by such inspection, should be promptly abated. Especial attention should be paid to—

FIRST.—*The condition of the water supply.*
SECOND.—*The disposition of night-soil, garbage and sewage.*
THIRD.—*The cleansing of streets, alleys, and other public places.*
FOURTH.—*The supervision of food-supplies, and of market-places, slaughter-houses and similar establishments.*
FIFTH.—*The general sanitation of every house and its surroundings*

1. Water is one of the commonest mediums through which cholera spreads; but, aside from this, typhoid and malarial fevers, diarrhœa, dysentery and other diseases, are caused by impure and polluted water. Hence the necessity of protecting the supply from contamination by surface-washings and drainage of filthy soil or premises, or of wastes from manufacturing establishments, or by seepage through the ground from privy-vaults, cess-pools, etc.

2. Night-soil, garbage, sewage, and all other forms of decomposing organic matter, are highly prejudicial to health, and their foul odors are indications of danger. The various methods for their proper disposal, so as to render them harmless, are well understood, and should be enforced according to the varying conditions of each locality.

3. Clean streets and alleys, and gutters properly drained and kept free from unsightly and filthy accumulations, are of even greater importance during the heat of summer, than at other times. The healthy condition of the atmosphere of a locality largely depends upon the condition of its thoroughfares.

4. The rapid decomposition of most articles of food during hot weather—the tainting, souring, wilting or rotting processes—and the derangements of the stomach and bowels caused by the use of such food, indicate the necessity for special supervision at this time, of all food-supplies, and of the places where they are prepared, stored, or disposed of.

5. The foundation of healthy living is, obviously, the individual home and its surroundings. Houses, cellars, yards and outbuildings should be carefully inspected, and all accumulations of garbage, refuse and filth of every description should be removed, or, where this is not practicable, they should be rendered harmless by appropriate treatment. No house or premises can be healthy without proper drainage. If this is not secured by sewers or underground drains, then recourse should be had to surface drains, so as to prevent the possibility of stagnant water under the dwelling or in its vicinity. Cellars should be dry, clean and well-ventilated, so that they may not generate foul air to be drawn up through the house.

It is desired that this work of inspection, and remedying of evils and defects, be begun at the earliest practicable moment; and a preliminary report be made to this office, covering in a general way, the existing sanitary condition, and the measures adopted and enforced for its improvement.

In connection with this report, information concerning your public-health provisions is alo desired. I have, therefore, to request the names and addresses of your health commissioner, health officer, members of the board of health, or kindred officials; and copies of your health laws, ordinances, rules and regulations, etc.

With this information from every part of the State, the Board will be able to secure concert of action, and to direct, intelligently and efficiently, whatever measures may be found necessary should, unfortunately, any emergency arise requiring such action.

Forms of health ordinances, adapted to the various organizations of villages, towns and cities in the State, are now being prepared, and copies of the same will be furnished on application.

Confidently anticipating your early attention to this matter, in the interest of your community, I am,

Very respectfully, JOHN H. RAUCH,
Secretary.

FOREIGN CORRESPONDENCE.

PARIS LETTER.

PARIS, June 11, 1885.

It is difficult to reconcile the arguments lately propounded by M. Pasteur at the Academy of Sciences, and subsequently at the Academy of Medicine, with the facts elicited by the report that was read on the 16th of February last at the Council of Salubrity of the Seine, of which M. Pasteur is a member, on the cases of hydrophobia or rabies that were observed in human subjects in the department during the years 1881, 1882 and 1883. These cases amounted to 33. Of this number, 24 were treated by various methods, and nine were treated by inoculation with the rabie virus, viz.: One by Drs. Dujardin, Beaumetz and Lannelongue, one by Dr. Bouchard, two by persons not named, one by M. Roux, one of M. Pasteur's pupils, this inoculation being consequently practiced in strict conformity with M. Pasteur's mode of proceeding, finally four, or rather five, practiced by M. Pasteur himself. All 33, men, women and children, died, the inoculated as well as the non-inoculated, and in the same lapse of time. And it is after such deplorable results that M. Pasteur lately declared before the academies with some assurance that the first series of experiments that he undertook gave him great hopes that, if a person bitten by a mad-dog were inoculated during the stage of incubation, he would with certainty be protected against the development of the disease, and a fatal issue would thus be averted.

Attempts are from time to time made to rehabilitate the practice of bleeding (here used in a general sense) as a therapeutic agent in the treatment of disease. In France the practice of general or local blood-letting is all but entirely exploded, so much so that the present generation of medical students scarcely know how to use a lancet for the purposes of venesection. Cupping is sometimes employed, but leeches are now so rarely seen that they are almost looked upon as simple curiosities of natural history. Professors Hardy and Peter, of the Paris Faculty, however, still practice blood-letting in most of the cases in which it was formerly resorted to. In Belgium an attempt is being made to revive blood-letting, and Dr. Borlée, in a very able address at the Academy of Medicine of Brussels, lately protested in strong terms against the abandonment of, in his opinion, such a valuable remedy in the treatment of disease, observing at the same time that it was simply due to the impulse of fashion, for after having in former times employed blood-letting to excess, it is now almost considered malpraxis to draw blood from a patient even where it is clearly indicated. This change is said to be justifiable by the teachings of modern experimental physiology and therapeutics, which argument, however, does not hold good in all cases. For instance, Dr. Borlée was struck with the great mortality from pneumonia for some years past, which he is convinced is due to the suppression of blood-letting, and asserted that at the commencement